

**Yee &
Associates, P.C.**

13760 Noel Road
Suite 900
Dallas, Texas 75240

Main No. (972) 367-2001
Facsimile (972) 367-2008

Facsimile Cover Sheet

To: Commissioner for Patents for Examiner Stephen Michael Gravini Group Art Unit 3622	Facsimile No.: 703/872-9306
From: Rebecca Clayton Legal Assistant to Wayne Bailey	No. of Pages Including Cover Sheet: 17
Message: Enclosed herewith: <ul style="list-style-type: none">• Transmittal Document; and• Response to Office Action.	
Re: Application No. 09/726,013 Attorney Docket No: AUS9-2000-0590-US1	
Date: Monday, June 21, 2004	
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JUN 21 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

In re application of: Awada et al.

Serial No.: 09/726,013

Filed: November 29, 2000

For: Coupon Delivery Via Mobile
Phone Based on Location§
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§
§

Group Art Unit: 3622

Examiner: Gravini, Stephen Michael

Attorney Docket No.: AUS9-2000-0590-US1

35525

PATENT TRADEMARK OFFICE
CUSTOMER NUMBERCertificate of Transmission Under 37 C.F.R. § 1.8(a)I hereby certify this correspondence is being transmitted via
facsimile to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, facsimile number (703) 872-9306
on June 21, 2004.

By:


Rebecca ClaytonTRANSMITTAL DOCUMENTCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

ENCLOSED HEREWITH:

- Response to Office Action.

A fee of \$54.00 is required for 3 additional dependent claims. No additional fees are believed to be necessary. If, however, any additional fees are required, I authorize the Commissioner to charge these fees which may be required to IBM Corporation Deposit Account No. 09-0447. No extension of time is believed to be necessary. If, however, an extension of time is required, the extension is requested, and I authorize the Commissioner to charge any fees for this extension to IBM Corporation Deposit Account No. 09-0447.

Respectfully submitted,


Duke W. Yee

Registration No. 34,285

YEE & ASSOCIATES, P.C.

P.O. Box 802333

Dallas, Texas 75380

(972) 367-2001

ATTORNEY FOR APPLICANTS

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JUN 21 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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By:

Rebecca Clayton

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

A fee of \$54.00 is required for 3 additional dependent claims. No additional fees are believed to be necessary. If, however, any additional fees are required, I authorize the Commissioner to charge these fees which may be required to IBM Corporation Deposit Account No. 09-0447. No extension of time is believed to be necessary. If, however, an extension of time is required, the extension is requested, and I authorize the Commissioner to charge any fees for this extension to IBM Corporation Deposit Account No. 09-0447.

In response to the Office Action dated March 25, 2004, please amend the above-identified application as follows:

Listing of Claims begins on page 2 of this paper.

Remarks begin on page 9 of this paper.